## Donna Dosland Narrator

## Margaret Reed [sp?] Interviewer

## November 20, 1985 Heritage Education Commission Oral History Project

MR: This is Wednesday, November the 20<sup>th</sup>, 1985. I am Margaret Reed, and I am interviewing Donna Dosland, who has been with the Clay County Public Health Nursing Service since its inception in March 1969. Donna, it's very nice of you to come over and talk with me this morning. I wonder if you'd start out by telling us a little bit about who you are, and your background, and then we can talk about the Public Health Nursing Service. Would you like to do that?

**DD:** Well, good morning Margaret. It's nice to be here. And my background is that I grew up in northeastern Minnesota, straight across the state, in fact.

**MR:** Mmmm-hmmm.

**DD:** In a little town, Lutsen, Minnesota. And I attended high school in Grand Marais and then went on to a nursing career. And I took my training at Swedish Hospital in Minneapolis.

**MR:** Mmmm-hmmm.

**DD:** Stayed there for three years doing surgical nursing. Then got married and moved to the Moorhead area and was employed by the Fargo Public Health Department for...longer than I had planned to be! [Chuckles]

**MR:** [Chuckles]

**DD:** I thought maybe a couple of years and then start a family.

**MR:** Mmmm-hmmm.

**DD:** But it turned out to be about seven years.

**MR:** Mmmm-hmmm.

**DD:** That I was in that agency. So I am a certified public health nurse in North Dakota. However, I am *not* in Minnesota.

MR: Mmmm-hmmm.

**DD:** Minnesota standards are...or at that time were at least a little higher.

**MR:** Mmmm-hmmm. Mmmm-hmmm. Very good. So then you married and...married William Dosland and had your family. And then how did you happen to think about the Clay County Public Health nursing?

**DD:** Well, having been involved in public health in Fargo, I had a little understanding of it. And there was some public support in Clay County for a nursing service. Reverend Weger from Hawley and John Hest [sp?] from Hawley approached the county commissioners and asked that a committee be formed to study the needs of the public health...needs in Clay County.

**MR:** Mmmm-hmmm.

**DD:** This they'd...and the county board on February 2, 1965 did appoint a steering committee. And those people on that committee were Mr. E.N. Herwig from Glyndon, Reverend Robert Berglund[sp?] from Ulen, Mrs. Douglas Sillers[sp?] from Moorhead, Mrs. Edgar Wright[sp?] from Moorhead, myself, Mrs. Tillie Furst[sp?] from Barnesville, Mrs. Olga Ostrom[sp?] from Moorhead. And then as ex-officio members, Dr. Simonsen[sp?] and Dr. Thysell.

**MR:** Both from Moorhead or...?

**DD:** Dr. Simonsen is from Barnesville.

MR: Mmmm-hmmm. And Dr. Thysell was from Moorhead.

**DD:** From Moorhead.

**MR:** That was...ah, which Dr. Thysell was that?

**DD:** Mmmm...

**MR:** Was that Harry? Ah...

**DD:** Ah...

**MR:** He's the one that...

**DD:** V.D.

MR: Yeah. Okay. Alright.

**DD:** Thysell.

**MR:** Fine. Yes. Well, now, how did it happen that...? I mean, was this because there was nothing available for people out in the county? How did that interest get started, Donna?

**DD:** There was no...no nursing in the schools at all available in the county.

MR: Mmmm.

**DD:** Moorhead did have school nursing.

**MR:** I see. Mmmm-hmmm.

**DD:** But the county schools had *no* screening, no access to public health nursing at all.

**MR:** Mmmm-hmmm.

**DD:** Various groups...the League of Women Voters did an extensive study on the needs of public health in Clay County. And they did approach the county commissioners expressing their desires that something be set up. A representative from St. Ansgar's [Hospital], Sister Mary Bernarda[sp?] and a friend of hers did approach them. It's interesting to note, in the county commissioner's notes it would just say, "So and so appeared asking for public health services in the county and no action was taken."

MR: [Chuckles] Mmmm-hmmm.

**DD:** It just seemed to... [Chuckles]

**MR:** [Chuckles]

**DD:** ...repeat itself!

MR: Mmmm-hmmm. And...and just fall. I mean, nothing...

**DD:** Nothing happened.

**MR:** Nothing happened. Mmmm-hmmm.

**DD:** Oh, then in 1966, the county commissioners received a petition with 738 signatures on it opposed to public health nursing. So this is probably...they probably *knew* what the politics of the community was.

MR: Hmmm.

**DD:** And they were just hesitant to instigate anything.

**MR:** So that actually the politics were opposed to public health nursing.

**DD:** I think there was a force opposed and there was a force that really felt the need.

**MR:** Ah, how would you identify those, those forces? I mean, where was the opposition coming from, Donna?

**DD:** Well, I guess...hmmm...all of us are afraid of something new.

MR: Yeah.

**DD:** Basically.

**MR:** Certainly true.

**DD:** And I think some were afraid that their taxes would be raised.

MR: Mmmm-hmmm.

**DD:** I wonder if some didn't feel a bit threatened by something coming in, maybe encroaching on their territory or...

**MR:** Mmmm-hmmm. Perhaps the medical community was a little wary of it. Or were they more in favor of it?

**DD:** Well, Dr. Holton was certainly supportive. And there were doctors that were very supportive.

**MR:** Mmmm-hmmm.

**DD:** That...hmmm...I think perhaps maybe the younger doctors who were more attuned to public health were more supportive than some of the older ones who just didn't know for sure what was involved.

**MR:** Mmmm-hmmm. So I suppose then that was...it was a program that really was unfamiliar to a great many people and it was...that's why they were opposed. They just...

**DD:** That's right.

**MR:** Mmmm-hmmm.

**DD:** Because if the Lion's Club...hmmm...well, when the Lion's Club had speakers about it from the League of Women Voters and so forth, then it seemed like *they* weren't in favor of it.

**MR:** Mmmm-hmmm.

**DD:** Hmmm...even the League of Women Voters, when they first started, not all were in favor of it.

MR: Mmmm-hmmm. Mmmm-hmmm.

**DD:** But the more they studied, they did come up with a recommendation that something be done.

**MR:** And actually, what they were seeing was a big hole in services. I mean that...that there was nothing available for people, particularly in the rural areas, is that...? Is that...?

**DD:** That's how I see it, Margaret. Mmmm-hmmm.

**MR:** Mmmm-hmmm. Mmmm-hmmm. There were a couple of doctors out there, but that was it.

**DD:** That was about it.

MR: Mmmm-hmmm. Mmmm-hmmm.

**DD:** And I think they looked upon public health nursing as maybe an encroachment and not in help to them.

MR: Mmmm-hmmm. Mmmm-hmmm.

**DD:** But I think later as it became established, they didn't...they were very happy with it.

**MR:** Mmmm-hmmm. Fine. Well, now, let's see. You've got us up to where there was a petition against that. [Chuckles] Was there a petition *for* public health nurses? Or...didn't that ever happen?

**DD:** Well, this committee, of course, kept working, you know.

MR: I see.

**DD:** That the county commissioners had appointed.

**MR:** Mmmm-hmmm.

**DD:** And then Mrs. Wright did appear before them and say that our committee did recommend that they appropriate some money to establish a service that would provide home nursing in the community.

MR: Ah ha. Mmmm-hmmm.

**DD:** Hmmm, this was followed by the little notation, "No action taken."

**MR:** Mmmm-hmmm.

**DD:** And...all of a sudden, in 1968, they decided that...they must have had a feeling of the politics in the community.

MR: Of they being...?

**DD:** The county commissioners.

MR: Okay.

**DD:** Because they decided to invest fifteen thousand dollars in it.

**MR:** Oh. Big money.

**DD:** Right!

**MR:** Mmmm-hmmm.

**DD:** And they appropriated this from the county revenue fund to establish a nursing service for the purpose of training and supervising home health aides in the county. And that was very restrictive. I mean that...was where they wanted the money spent.

**MR:** What did they define as a home health aide? What...? I mean, is that different from a nurse? Or how does that work?

**DD:** Okay, a home health aide...is not a nurse. *Usually* not a nurse. It's usually just a person who undergoes a short training period. And she always works under the supervision of a nurse.

MR: Mmmm-hmmm. I see. Mmmm-hmmm.

**DD:** Or a doctor, of course. Or the nurse works under the supervision of the doctor, too. But she is trained in just specialized things.

**MR:** Mmmm-hmmm.

**DD:** She can go into the home and do...basic nursing skills.

**MR:** She can, for example, bathe a patient and...?

**DD:** Right. Take temperatures, and she can be taught really some complicated procedures.

MR: Mmmm-hmmm.

**DD:** But it's on a one-to-one basis.

**MR:** I see. But always under supervision of a nurse?

**DD:** Always under supervision.

MR: Okay.

**DD:** And she's continually supervised from time to time.

**MR:** Well, now, the county commissioners approved this program.

**DD:** Right.

**MR:** But they hadn't approved the public health nurse yet, is that right?

**DD:** Well, they approved...hmmm, yes, a public health nurse.

**MR:** Okay. Mmmm-hmmm.

**DD:** To provide these services.

MR: I see. I see. She was to train the home health aides.

**DD:** Home health aides.

MR: Okay.

**DD:** To do nursing service in the home.

MR: I see. I see.

**DD:** Mmmm-hmmm. [Pauses] Hmmm, Mrs. Catherine Barnier was hired then.

**MR:** Is that B-A-R-N-I-E-R?

**DD:** That's right.

MR: Okay. Thank you.

**DD:** Uh huh. On March 3, 1969.

**MR:** Mmmm. As the first public health nurse.

**DD:** As the first public health nurse. We *thought* she was the first public health nurse.

MR: Hmmm.

**DD:** But as soon as this was published in the paper, another article appeared in the paper saying that the first health nurse was back in 1919. And that it was a Miss Signe Lee of 416 Tenth Street South, Moorhead. I had heard around the courthouse that there had been a nurse hired back in 1919 and that about the only function she performed was to hire...or to purchase a lot of stationery, and that she lasted a very short time. However, this was just hearsay.

**MR:** Mmmm-hmmm.

**DD:** And that is about all I ever heard about Miss Lee. But hmmm...the newspaper article says that she was here for three years. So...

**MR:** Mmmm-hmmm. Is she still living, do you know?

**DD:** I don't know.

MR: Mmmm-hmmm. But that was 1919.

DD: Right.

**MR:** And this large gap then between whatever services were established then and 1969.

**DD:** 1969, right. I tried to contact Miss Lee but I never was able to.

MR: Mmmm-hmmm. Mmmm-hmmm.

**DD:** So I wish that I had pursued that further at the time, I guess.

**MR:** Mmmm-hmmm.

**DD:** But I would suspect that she may not be living at this point.

MR: Well, that's a fifty-year gap, which...[Chuckles]

**DD:** Yes.

MR: I think you could still claim it was the first public health nurse, certainly...

**DD:** That continued on.

**MR:** Yes, that continued on. Mmmm-hmmm. Okay. So Mrs. Barnier was hired and was... was the staff, is that right?

**DD:** Right. Yes. Dr. Holton[sp?] and Dr. Thysell and myself were appointed to this committee to hire a public health nurse. [Chuckles]

**MR:** Mmmm-hmmm.

**DD:** And I told you my background. I had never hired anybody in all my life.

**MR:** [Chuckles]

**DD:** But here I was, interviewing public health nurses! [Chuckles]

MR: Mmmm-hmmm.

**DD:** Hiring someone with more qualifications than myself, obviously.

**MR:** Mmmm. Well, you'd had seven years of experience. [Chuckles]

**DD:** Experience but not...not the education, the formal education for it.

**MR:** Mmmm-hmmm.

**DD:** So it was...it was interesting. But she was...it was a remarkable stroke that we did get her because she really did an exceptional job.

**MR:** Mmmm-hmmm.

**DD:** Our agency, by May 1<sup>st</sup>, was certified for Medicare.

**MR:** My goodness, that was a fast...She really...[Chuckles]

**DD:** It *really* was!

**MR:** Oh, that was great! Mmmm-hmmm.

**DD:** That was...

**MR:** Well, now, where was she? Where was her office located, Donna?

**DD:** It was across the hall on the second floor from what was then the Welfare Office.

**MR:** Mmmm-hmmm. And how was she received there?

**DD:** Ah, not very well.

**MR:** Mmmm-hmmm.

**DD:** Ah, people were hesitant. And...hmmm...I suppose, again, afraid of something new.

**MR:** Mmmm-hmmm.

**DD:** I received a telephone call one day after Mrs. Barnier had been employed for about a week. And this lady said, "I just thought you ought to know that this nurse that you hired is *never* in her office! She hasn't been in her office all morning. She wasn't there most of yesterday. And I just think you ought to know that." And so I thanked her very much for calling me and said that was just fine because she was hired to be out in the community and doing nursing service in the homes. And if she ever saw her in the office all day long, I would *really* appreciate it if she would call me. [Chuckles]

MR: [Chuckles] And that was the end of that, I bet!

**DD:** That was the end of that! [Laughs]

**MR:** Which really shows you how little people...and on the premises, understood about what a public health nurse was. I suppose they thought she would sit and wait for people to come and visit her.

**DD:** Right. Right. Uh huh.

MR: Mmmm-hmmm. Mmmm-hmmm.

**DD:** You don't think...Hmmm. It was a learning situation.

MR: Sure.

**DD:** For all of us.

**MR:** Mmmm-hmmm. Absolutely.

DD: Yeah.

**MR:** Well, did you have a kind of a bumpy road or did it go smoothly?

**DD:** Oh...no. It was [chuckles] it...it was bumpy. Hmmm, then...when she would be gone, of course, her telephone would ring.

**MR:** Mmmm-hmmm.

**DD:** And the telephone ringing bothered people in the courthouse. An unanswered telephone, particularly.

**MR:** Mmmm-hmmm.

**DD:** And in those days, the courthouse had a switchboard operator, and she would ring it, and ring it, and ring it. And of course that irritated the Welfare people.

**MR:** Mmmm-hmmm.

**DD:** And so then she realized, well, if they were really her friends, she shouldn't ring the telephone all the time. So she said that she would take the incoming calls. If Mrs. Barnier would just tell her when she was leaving, then she would take the telephone numbers and then she could call her back.

MR: Mmmm.

**DD:** Which was a *great* help.

MR: Oh, why yes. Mmmm-hmmm.

**DD:** But then she was not hired to be a secretary. She was only hired to be the telephone operator. [Chuckles]

**MR:** Uh huh.

**DD:** So it wasn't long before we were allowed to hire a secretary.

**MR:** Ah. Mmmm-hmmm. Mmmm-hmmm.

**DD:** So a little good comes with a little bad. [Chuckles]

**MR:** [Laughs] Well, that's great.

**DD:** Oh, it was...

**MR:** And then secretary...then the phone was covered, and I suppose...I imagine Mrs. Barnier had records to keep and that kind of thing, too.

DD: Yes. Right.

MR: Mmmm-hmmm. Mmmm-hmmm.

**DD:** It...it's pretty hard to run an agency without a secretary.

MR: Oh, yes.

**DD:** We almost...

**MR:** And particularly when you're out in the field so much. Mmmm-hmmm.

DD: Right.

**MR:** Now how did...? How did her work load go, Donna? Do you have a notion?

**DD:** Well, the first telephone call that she received was for a VD [venereal disease] case, it was a college student interested in information. Concerned about VD.

**MR:** Mmmm-hmmm.

**DD:** And ah...that was the first call. But most of it was home health aide training, and doing nursing service in the home was the initial thrust of the health department.

**MR:** Mmmm-hmmm. Those were the major purposes then were to include home health and...I mean, to go into the homes. And what else were your purposes? How did you define your program to the community, for example, to get support? What did you say you were going to do? [Chuckles]

**DD:** Well, we started with doing school nursing in the schools.

**MR:** Mmmm-hmmm.

**DD:** And...why, the referrals came in so fast, and she was so busy, that there just wasn't any need to...to do any advertising.

MR: Mmmm-hmmm. Mmmm-hmmm.

**DD:** It...her time was filled.

**MR:** But she did VD screening. Did...? And she went into the homes. What other kinds of things? And she went into the schools. What'd she do, go once a month or once a week or something to the schools?

**DD:** To the schools?

**MR:** Mmmm-hmmm.

**DD:** This was on a contract basis, and this has changed as the program has grown.

**MR:** Mmmm-hmmm.

**DD:** Initially, of course, with one nurse, she just made maybe one trip a week to a school, and not necessarily on a daily basis.

**MR:** Mmmm-hmmm.

**DD:** But that grew as the agency grew.

**MR:** Mmmm-hmmm. And you have moved then from one nurse, and eventually one secretary, to what do think is there now?

**DD:** It was a very short time, within a year we hired another nurse. And then a home health aide coordinator to take on just the job of coordinating the home health aides because we had trained something like thirty-five home health aides.

**MR:** Is that right! Mmmm-hmmm. Mmmm-hmmm.

**DD:** In Clay County, the home health aide program has been outstanding.

MR: Mmmm. Mmmm-hmmm.

**DD:** Not necessarily so across the river, for some reason. Ah, their home health aide program did not get off to such a flying start.

**MR:** So soon you had thirty-five home health aides ready to...to go out. Well, I trust you got an increase in your budget then.

**DD:** Well, we instituted a fee program.

MR: I see.

**DD:** And the home health aides, those people who were...who could afford to pay, did pay for that service.

**MR:** I see. Mmmm-hmmm. And now today you have about how many?

**DD:** About six full time public health nurses, at least two roster nurses, meaning that they can be called in on a part time basis, and I think three RNs.

**MR:** Is that right?

**DD:** Plus the secretarial help.

**MR:** Mmmm-hmmm. Plus your home health aides.

**DD:** Plus the home health aides.

MR: Mmmm-hmmm. Mmmm-hmmm.

**DD:** And the home health aides are a part time group, too. And they're stationed from various parts of the community.

MR: Mmmm-hmmm. Mmmm-hmmm.

**DD:** We have home health aides in Barnesville, in Ulen.

MR: Ah. I see.

**DD:** Close to their patients.

**MR:** Mmmm-hmmm.

**DD:** And many times they are very well acquainted with their patients.

MR: Mmmm-hmmm. Which makes it easier all around.

**DD:** Yes. Very good situation.

**MR:** Did your rural community at the beginning see that they had a need for the public health nurse service?

**DD:** Well, this Reverend Weger from Hawley, and John Hest was involved, I believe, in the school system in Hawley.

MR: Mmmm-hmmm.

**DD:** So they...yes.

**MR:** Mmmm-hmmm. They saw the need in the farm communities.

**DD:** Yes.

**MR:** The farmers and people like that. Did they think it was a good idea or...?

**DD:** Well, some did and some didn't, of course.

MR: Ah ha.

**DD:** We had some opposition to...we did have some opposition. As...I...maybe I didn't tell you. When I came to Moorhead, I married Bill Dosland, who was a local attorney and was the State

Senator from Clay County for several years. He was running for reelection at about the same time this was happening.

**MR:** Mmmm-hmmm.

**DD:** And I received a telephone call saying that if my...if I expected my husband to get reelected, that I had better get off of this thing because his support would dwindle.

**MR:** Hmmm. This was from out in the country?

**DD:** Yes, this was...ah...farmers, I think, who did not want their taxes raised. They weren't really sure what the program was. And just wanted things to stay the way they were.

MR: Mmmm-hmmm. That's understandable.

**DD:** So...Right.

MR: So I take it you and Bill decided to...

**DD:** Ah, yes, my husband never told me what...[Chuckles] Never tells me what to do!

**MR:** [Chuckles]

**DD:** And he's...he thought it was a worthwhile program, too. And he said if I felt that I wanted to work on it, to go ahead.

**MR:** Mmmm-hmmm.

**DD:** So...we did.

**MR:** So you did and he won the election anyway.

**DD:** Very handily.

MR: Yes. Yes.

**DD:** So it wasn't the problem that it was portrayed to be.

**MR:** And how did that...? I just wonder, some of the ...some of the people who opposed the program probably were...called you and needed your services fairly soon? Or didn't they?

**DD:** Yes.

**MR:** They did.

**DD:** Yes, it was interesting.

**MR:** Mmmm-hmmm.

**DD:** Within the first year, some of those very people were using our services and were happy with it.

**MR:** Mmmm-hmmm. They just didn't know what was going to happen and therefore they were frightened or something.

**DD:** That's right. And who wants their taxes to go up?

MR: That's right. [Chuckles] Not very many of us.

**DD:** Mmmm-hmmm. So...

MR: Okay.

**DD:** Ah...on October 1, 1968, the Clay County Health Nursing Board was appointed.

MR: Hmmm.

**DD:** Which...on that board was Dr. John Holton, myself, Harold Grahams[sp?] from Barnesville, Mrs. Arthur Anderson[sp?] from Ulen, R.J. McMullen[sp?], who was director of the Clay County Welfare Board, Virgil Townsfeld[sp?], and Thornley Wells[sp?].

MR: Mmmm-hmmm.

**DD:** The last two being the representatives from the Clay County Commission.

**MR:** Mmmm-hmmm.

**DD:** Hmmm...how fast the agency did develop...on May 10, 1971, our first home health aide coordinator was hired. And she did that full time, just coordinating the home health aides.

MR: Mmmm-hmmm.

**DD:** So that...

**MR:** So your board was appointed in 1968, did you say?

**DD:** Right.

**MR:** And then the program, the Mrs. Barnier was hired in 1969, and by 1971 you already had had to hire a...

**DD:** Home health...

MR: ...home health aide. Mmmm-hmmm.

**DD:** ...coordinator.

MR: Coordinator. Mmmm-hmmm.

**DD:** She was an RN, not a public health nurse.

MR: I see.

**DD:** But hmmm...we started to diversify, you know, and hire RNs part time.

MR: Mmmm-hmmm. Mmmm-hmmm. So really, once you got started, you...

**DD:** It did grow.

**MR:** It moved rapidly.

**DD:** It did. And the city of Moorhead at that time had a health department that provided VD services. And the long range plan...it seemed like our health services in Clay County were cut up.

MR: Hmmm.

**DD:** And it seemed to be... that it would be very nice if we could get everything under one roof. But with the politics and the people and...hmmm...various other things that interfered with that...[Chuckles] It wasn't possible to just...hmmm...merge.

MR: Mmmm-hmmm. Mmmm-hmmm.

**DD:** But this was discussed and the city...And also the city...the school district had their own nursing service.

**MR:** So there were three.

**DD:** So there were really three services.

**MR:** Mmmm-hmmm. Two really, basically, city.

**DD:** Right.

**MR:** And the one county. Mmmm-hmmm. Mmmm-hmmm.

**DD:** It was my feeling that we should have a county health department rather than merging with the city and having a city health department. I felt that our roots had been rural and that we really should be rural. And so on June 14, 1977 I was very pleased when the county board agreed to establish a county health department. And work toward merging all of these services together, in that...way.

**MR:** Mmmm-hmmm.

**DD:** Hmmm. The next eighteen months, the county commissioners asked that all...that both agencies submit a plan for merging.

MR: Mmmm-hmmm.

**DD:** And this...I wasn't all that close to...The reason that I wasn't that close to it [chuckles] I guess is that under the state law, a director...hmmm...the position that I was holding, whatever...of the...of board.

MR: On the board, mmmm-hmmm.

**DD:** It seems strange to me now, but that is statute that you can only serve two years and then you should be reappointed. I suppose the idea is to get more people involved.

MR: Sure. I suppose. Mmmm-hmmm.

**DD:** But our agency kept changing its name. And so I did remain there about...working in this area for about twelve years, I guess.

MR: Mmmm. Mmmm-hmmm.

**DD:** This was all a voluntary thing.

MR: Sure. Mmmm-hmmm.

**DD:** You know, volunteer work.

**MR:** Mmmm-hmmm.

**DD:** But...anyway, at the present time, Lisette is the director.

**MR:** Lisette Channiett[sp?]. Mmmm-hmmm.

**DD:** Right.

MR: Mmmm-hmmm. Mmmm-hmmm.

DD: And...

**MR:** She's [unclear]...isn't she a Ph.D. in nursing ed. or something?

**DD:** Right.

MR: Mmmm-hmmm.

**DD:** Uh huh. She is. Hmmm, we did hire an administrator when we were...after this eighteen months was up we were going to hire an administrator for the Health Department. At that time we had Mr. Emory Stordahl[sp?] who was administrator of the City Department.

**MR:** Mmmm-hmmm.

**DD:** And we had Terry Overpick[sp?] who was the director of the Nursing Service.

**MR:** For the city.

**DD:** For...for the county.

**MR:** For the county.

**DD:** County nursing service.

MR: Oh, okay. Mmmm-hmmm.

**DD:** And it seemed like neither one of those would be an appropriate administrator for the new county health department.

**MR:** Mmmm-hmmm.

**DD:** And the county commissioners did appoint a committee to hire a new administrator. Hmmm. I was pleased to be able to serve on that committee.

**MR:** Mmmm-hmmm.

**DD:** Barb Matthews was hired at that time. She has had her master's degree in public health. Which I felt was very important to have a public health background.

**MR:** Oh, yes. Mmmm-hmmm.

**DD:** On this.

**MR:** Mmmm-hmmm.

**DD:** And she stayed with the department for about a...I don't know how long she was there. But it was a *difficult* transition period. Getting the two things together. And now I think under Lisette, I think things are going well.

MR: So it is now one...

**DD:** One county...

MR: ...county.

**DD:** ...health department.

**MR:** Which includes the city of Moorhead. [Chuckles] And the schools and the whole business, is that correct?

**DD:** Right.

**MR:** Mmmm-hmmm.

**DD:** During that transition period, the county hired the services, contracted and paid for the services that the city health department was providing at that time.

**MR:** Didn't they used to have an office over in the courthouse? The city...I mean, where there was a...pregnancy testing and...or what was..? I seem to...

**DD:** At the courthouse?

**MR:** Yeah, or someplace...No, in the...

**DD:** City Hall.

**MR:** City Hall, excuse me.

**DD:** City Hall, yes.

**MR:** Yes. Dr. John Thomas and people like that used to go over there. Now is that..?

**DD:** That was the City Health Department.

**MR:** That was the City Health Department.

**DD:** Mmmm-hmmm.

**MR:** And that is no longer there?

DD: No.

MR: So now...

**DD:** That is now out at the court...well, actually, the sheriff's residence right behind the courthouse...

MR: Yes. Mmmm-hmmm.

**DD:** That building is the public health nurse...or Public Health Department.

**MR:** Mmmm-hmmm. Right off of Eleventh Street, right near the St. Ansgar Hospital and [unclear].

**DD:** Across the street from St. Angar's.

**MR:** Okay. Mmmm-hmmm. And that whole building is now County Health.

**DD:** Right.

**MR:** Mmmm-hmmm. Do they work *there* doing pregnancy testing and things like this?

**DD:** Yes. Mmmm-hmmm.

**MR:** Are there other services that they give?

**DD:** At the Health Department?

MR: Yes.

**DD:** Yes, they provide family planning services.

**MR:** Mmmm-hmmm.

**DD:** They have two nurse practitioners and a physician. They do pregnancy testing. They provide nursing service to the law enforcement center.

MR: Ah.

**DD:** And they provide school health services in rural Clay County. Moorhead still has their...ah, school health services are separate.

MR: I see. Mmmm-hmmm.

**DD:** They administer the WIC program, which is a supplemental food program for infants and children.

**MR:** Mmmm-hmmm.

**DD:** They belong to the Child Protection Team.

MR: Yes. Mmmm-hmmm.

**DD:** And they do nursing home preadmission screening. They do immunizations, blood pressure screening, work with sexually transmitted diseases. They have a TB [tuberculosis] program. We think that TB is all gone but it isn't, really.

**MR:** Mmmm-hmmm.

**DD:** They're environmental services, water testing, inspection and licensing of food, beverage, and lodging establishments. And inspecting swimming pools.

**MR:** Hmmm. All of that. Mmmm-hmmm.

**DD:** They also have to inspect materials and permit issuance for disposition in the demolition landfill. And this, that was a new one to me.

MR: Oh. [Unclear].

**DD:** I wasn't familiar with that one.

**MR:** Well, now, nurses aren't doing that. [Chuckles]

**DD:** No, environmental people do...do that.

MR: I see. Yeah. Mmmm-hmmm.

**DD:** Right. And investigation of general nuisance complaints. People call in with things that you just can't...ignore.

**MR:** Mmmm-hmmm.

**DD:** They call in and they want these things checked out. And really, you get some good leads on things that are happening that shouldn't be.

**MR:** To the environment or to families or...?

**DD:** Both.

MR: Mmmm-hmmm. Mmmm-hmmm.

**DD:** Mmmm-hmmm. And the home health care, of course, is...is a big part of the public health nursing. And they do contract with physical therapists from St. Ansgar's, and occupational therapists, respiratory therapists.

MR: Hmmm.

**DD:** And like you said in your building, you had somebody getting colostomy care.

MR: Mmmm-hmmm. Mmmm-hmmm.

**DD:** All of this. And the Public Health Nursing Service is available twenty-four hours a day, seven days a week.

**MR:** I would...what I'm hearing you say, Donna, is there's a lot of preventative work that they are involved with. It's not just on-the-spot care, but...I mean, working on the child protective...protection team and things, I would imagine you would come in contact as a public health nurse with child abuse cases and that kind of business, is that correct?

**DD:** Yes. Very, very much so.

**MR:** And then your screening is certainly a preventative.

**DD:** Yes, and in screening a child you often pick up a lot of things that...ah...maybe hasn't been brought to somebody's attention. Ah, just checking someone's hearing, you can find out a lot about a child.

MR: Mmmm-hmmm. I'm sure you can. That's...I...

**DD:** It's...

**MR:** I think that's something a lot of us don't understand about the whole business of public health is its very large impact on community preventative medicine.

**DD:** I think now the care...that we are getting more aware of preventative medicine.

MR: Mmmm.

**DD:** And of course, again, the *high cost* of medical care...

MR: Mmmm-hmmm.

**DD:** And people...well, even the advent of hospice coming into the home. Dying at home.

**MR:** Mmmm-hmmm.

**DD:** I...I think we're all going back that way.

MR: Mmmm-hmmm. Trying to keep people in their homes as long as possible.

**DD:** In their homes.

**MR:** Do you have a tie-in with the hospice program or is that...?

**DD:** Do...yes.

**MR:** Mmmm-hmmm.

**DD:** Work with the hospice program and they refer people and tell people about hospice and they...yes, they do.

**MR:** Mmmm-hmmm. Mmmm-hmmm. Very good. Well, hmmm, I wonder if we maybe should talk a little bit about your funding. You got your first fifteen thousand dollars from the Clay County Commission.

**DD:** Right.

MR: Is that...has that been it? Or I...

DD: Oh, no!

**MR:** I mean...[Chuckles]

**DD:** [Chuckles]

**MR:** Is it..? [Laughing] I'm sure not, but...

**DD:** [Chuckles] It...it first...that first fifteen thousand dollars was for 1969.

MR: Yeah.

**DD:** March through December.

MR: I see.

**DD:** The following year it was raised. They really were...became very supportive of us.

MR: Mmmm-hmmm. Mmmm-hmmm.

**DD:** That first year we did stick by our fifteen thousand dollars. We didn't go over that.

**MR:** Mmmm-hmmm.

**DD:** But we did get money from United Way. We got some money from Lions Clubs.

MR: Mmmm-hmmm.

**DD:** Ah, Lions bought some glasses for some needy children.

MR: Oh. Mmmm-hmmm.

**DD:** And...we just got where we...what we could where we could! [Chuckles]

**MR:** [Chuckles] Yeah. Did you get any state grant money or anything of that sort?

**DD:** Yes, the state came in with grants, like our home health aide coordinator. When she was hired, we received a grant to start that program.

**MR:** Mmmm-hmmm. Mmmm-hmmm. And that was, I suppose...Well, you said that was in 1971, I believe.

**DD:** Right.

**MR:** Mmmm-hmmm.

**DD:** Mmmm-hmmm.

**MR:** So there was still grant money available at that...in those days.

DD: Yes.

**MR:** And now you are supported by...the, again, the County Commission, by our taxes, and ah...

**DD:** Yes. Revenue sharing was another source of our...

MR: Oh, that's right.

**DD:** ...a source of income for us.

MR: Mmmm-hmmm. You feel pretty stable financially? Or are you having troubles?

**DD:** No, I think...ah, we do collect fees, too. If a patient is able to pay, they do pay.

MR: Mmmm-hmmm. Mmmm-hmmm.

**DD:** And Medicare, of course, matches. Of course, Medicare is backing out of a lot of things that they used to provide.

MR: Yes. Mmmm-hmmm.

**DD:** And all of that is changing.

**MR:** And your...your support from the...from the doctors is good?

**DD:** Yes, very good.

MR: Mmmm-hmmm. They use you a lot, I suspect.

**DD:** A lot.

**MR:** Mmmm-hmmm.

**DD:** Busy!

**MR:** Mmmm-hmmm.

**DD:** Hmmm, indication of how many nurses and...the staff is evidence of the work that is being done.

MR: Mmmm-hmmm. Mmmm-hmmm. Okay. Well, I am hearing that the service goals are...have been really pretty consistent over the years. You've...you've started out doing what you're doing now, only the program has expanded enormously as you have been able to reach more and more people through a larger staff. I mean, but your original purposes have been pretty much the same as when...am I right on that?

**DD:** Yes, I think our original purpose was home care.

**MR:** Mmmm-hmmm.

**DD:** And we really are a home...home care agency. Although we have become a public health department.

MR: Mmmm-hmmm. Mmmm-hmmm.

**DD:** Which is a lot broader than our first scope of just doing home nursing.

**MR:** Hmmm. Surely. Mmmm-hmmm. Mmmm-hmmm. Alrighty. Hmmm, now you still are responsible to the County Health Commission commissioners? Or how...? And you have a board or how does...how does the administration work?

**DD:** Okay. I think maybe I was responsible for skipping around there a little bit. Ah, when they...ah...when they became a County Health Department, and they contracted with the city to do the services that they provided, ah...then, by statute, they had to appoint a County Board of Health.

MR: Hmmm.

**DD:** Now the county commissioners appointed themselves as the County Board of Health.

MR: Hmmm.

**DD:** As they said on the County...is it still called Welfare Board?

MR: No. County...Clay County Social Services.

**DD:** Okay.

MR: Well, no, wait a minute. There is the Welfare Board, you're right. Mmmm-hmmm.

**DD:** Ah, and that is...

MR: [Unclear].

**DD:** ...made up of county commissioners.

**MR:** Yeah. Mmmm-hmmm.

**DD:** Okay. They did the same with the health.

**MR:** Mmmm-hmmm.

**DD:** And hmmm, but they didn't want us to quit their advisory committee. And so they did appoint an advisory committee *to* the County Board of Health.

MR: I see.

**DD:** So...

**MR:** That's interesting. That's the way that stayed then. The county commissioners are the County Board of Health.

DD: Right.

MR: With advice. Advisory board.

**DD:** With advice from the...from the advisory board.

**MR:** Mmmm-hmmm. Does that work out pretty well?

DD: Yes. Yes.

MR: Great. Mmmm-hmmm.

**DD:** Hmmm, in fact, as long as I was there, they went along with everything we advised.

MR: Mmmm-hmmm. Well, they...

**DD:** And they didn't do anything that we hadn't advised! [Chuckles]

**MR:** [Chuckles] Yeah.

**DD:** They were just very cooperative.

**MR:** Mmmm. Hmmm. That's fine. Well, you must have done a good job of presenting [chuckles] and showing that you could do what you set out to do.

**DD:** Well, I think they saw the need and saw what...what we were doing.

MR: Mmmm-hmmm. Well, your caseload must be enormous at this point. I mean to...

**DD:** I wish I had those statistics. And I wish I had the definite statistics of the...

**MR:** Well, we can...we can get that, Donna. But it's...I mean, it's obvious that you're...you have that many people working...and I'm sure they're not sitting in the office. [Laughs] As your one friend was afraid you might be doing!

**DD:** [Laughing] No!

**MR:** [Laughs] Well, does this...? Do you meet then at a regular part of the County Commission...? I mean, there is a separate time for you. Do you meet monthly? Does the board or the advisory board meet on a regular basis?

**DD:** I am no longer on the advisory board.

**MR:** Mmmm-hmmm.

**DD:** Hmmm, I felt that I should quit and someone else should come aboard. [Chuckles]

MR: Uh huh.

**DD:** Hmmm...they do meet. Yes.

**MR:** Mmmm-hmmm.

**DD:** In the very beginning, we met once a month. And that continued. And they still do meet once a month. Actually, most of their work now is done in committee. And then they present to the county commissioners at their monthly meetings.

**MR:** Mmmm-hmmm. Very good. Okay, well, you have mentioned some of the key people. It's interesting, and in some of these interviews, you keep hearing the same names, like Mrs. Wright [chuckles] and other people who have been involved with practically every aspect of the growth of this service end of a community at least. Do you have other people that you might mention as being very helpful to you, to this organization, key community people? John Holton, Dr. John Holton, you mentioned, has been a very great support. Other people that you might think of, Donna?

**DD:** Well, you mentioned Mrs. Wright.

**MR:** Mmmm-hmmm.

**DD:** Hmmm, I think she's the one that got me involved in the beginning. [Chuckles]

**MR:** Uh huh.

**DD:** And Dr. Holton definitely was.

MR: Mmmm. Mmmm-hmmm.

**DD:** Mr. Herwig from Glyndon.

**MR:** H-E-R-W-I-C-K? Is that how you...?

**DD:** H-E-R-W-I-G.

**MR:** I'd...oh, Herwig, yes.

**DD:** Herwig. Yes.

**MR:** What is...is he...?

**DD:** E.N. were his initials. He was principal of Glyndon schools.

MR: Ah ha. Mmmm-hmmm.

**DD:** He was on the original steering committee and remained on the advisory committee for I would guess four or five years.

MR: Mmmm-hmmm. Mmmm-hmmm.

**DD:** And hmmm...

**MR:** Some of these original boards are really what...what makes an agency go, aren't they?

**DD:** Then Dr. Saxman[sp?].

MR: Yeah.

**DD:** Was on our board for several years.

**MR:** Now is he from Moorhead?

**DD:** She.

MR: She. Oh.

**DD:** She practiced in Ulen.

MR: Oh. Ah ha.

**DD:** And that...worked out *very* well because she did a lot of the...of the work in the Ulen area and referred to the public health nurse, and the nurse referred to her, and...

MR: Mmmm-hmmm. So she saw the need.

**DD:** It worked out well. Mmmm-hmmm.

**MR:** Mmmm-hmmm. Mmmm-hmmm. Do you have any state supervision at all? Or you have, I suppose, certain standards you have to...

**DD:** Yes, there is a regional consultant. She's located in Fergus Falls.

MR: I see.

**DD:** At the time our agency was starting, Janet Fulton was her name. And she came up and gave us a lot of...lot of help.

MR: Mmmm-hmmm. Mmmm-hmmm.

**DD:** Mmmm-hmmm.

MR: Now she's from the State Department of Public Health?

**DD:** State Department, but she's...

**MR:** Of Health.

**DD:** Yes. But she...her office is in Fergus.

**MR:** In Fergus, mmmm-hmmm.

**DD:** Mmmm-hmmm.

**MR:** So she has this region. Mmmm-hmmm.

**DD:** Right.

**MR:** Four county or ten county or...?

**DD:** And then there is a Robert Poyser[sp?] from the State Board of Health. Who was very helpful in setting up.

**MR:** Mmmm-hmmm. Do you...does the agency get and have an inspection every now and then [chuckles] to be sure you are doing all you're supposed to be doing?

**DD:** Oh, *Medicare* sees to that! [Laughs]

**MR:** [Laughs] Don't have to worry about the state.

**DD:** [Laughs] Medicare certification *every* year.

**MR:** Mmmm-hmmm.

**DD:** And the advisory board is very involved with that certification.

MR: I see. Mmmm-hmmm. Mmmm-hmmm.

**DD:** More and more of it is done by staff now, but in the beginning, a lot of that was done by the advisory board.

**MR:** Board, mmmm-hmmm. Mmmm, good. Well, I wonder if you have anything else that you would like to add. Hmmm, you see this as a very vital...having a very vital place in the

community. Hmmm...I'm hearing you say a lot of strong community support once you've got over a few [chuckles] of the usual obstacles. I just wonder if you have anything else you would kind of like to add, Donna?

**DD:** Hmmm, to add. Well, perhaps just for statistical information. [Chuckles] January 1980 was the date that it became the Clay County Health Department.

MR: Mmmm-hmmm.

**DD:** For whatever significance...and by March 1981 they were all under one roof. It was a combined...hmmm...

MR: [Unclear] yeah.

**DD:** It was a County Health Department.

**MR:** Mmmm-hmmm.

DD: Yes.

**MR:** And that has really worked well instead of having city and all this kind of business then?

**DD:** Yes.

MR: Mmmm-hmmm. Mmmm-hmmm.

**DD:** Hmmm...I don't know that there really was a lot of duplication of services even when they were separated because...well, the VD treatment and diagnosis was done downtown in the city department, and the bulk of it is in the city.

MR: Mmmm-hmmm. Mmmm-hmmm.

**DD:** So...of course the county didn't get involved in that. The county nursing program didn't get involved in it. But there's a better...

MR: Mmmm-hmmm.

**DD:** It's better to have it one place.

**MR:** Better climate, yeah. Yeah. Mmmm-hmmm.

**DD:** And it's easier for the public to go to *one* place than to wonder, well, should I call the County Nursing Service or should I call the City Health Department?

**MR:** Yeah. Yeah. Mmmm-hmmm. Yeah, they...there is a place and they can know about that.

DD: Right.

**MR:** Hmmm...okay. Well, I...I know that this has been a program that has been of *vital* importance to you. [Chuckles] And you have been of *vital* importance to the organization. I...hmmm...I presume you have gotten some joy out of this as well as a lot of hard work. [Chuckles]

**DD:** Oh...Oh, yeah. I have loved it! [Laughs]

MR: [Chuckles] Yeah. Yeah.

**DD:** I really have enjoyed it and it's just *very* satisfying to see, to see where it is today.

**MR:** Mmmm-hmmm.

**DD:** I still go down there, and of course many of the girls are still there that were working when I was involved.

**MR:** Mmmm-hmmm.

**DD:** So I do see them.

**MR:** Do you...do you think there are any major holes now, Donna? I mean, are we doing a pretty fair job? Or do you see something else that the County Health needs to be taking a look at?

**DD:** Well, I suppose there's always something new, like North Dakota had their first case of AIDS.

MR: Yes. Yes.

**DD:** So...there will be something new.

MR: Yeah. Mmmm-hmmm.

**DD:** I'm sure that you just have to keep on top of.

**MR:** Yeah. And that's...I suppose we will have to make a policy there, too, with that.

**DD:** Something...

**MR:** What kind of family planning do they do? Is it birth control information, that kind of thing?

**DD:** Birth control information and also people trying to have a family.

MR: Mmmm-hmmm. Mmmm-hmmm.

**DD:** That just...haven't been able to make it. [Chuckles] And there are...there's a lot of counseling that goes on in that field.

MR: Mmmm-hmmm. Yeah. And that's done by the nurses?

**DD:** Yes. Mmmm-hmmm.

MR: Mostly, yeah. Or entirely, yeah. Mmmm-hmmm.

**DD:** Yes. There's a nurse practitioner who does a lot of that.

**MR:** Mmmm-hmmm.

**DD:** And of course there is a doctor, too, available.

**MR:** Mmmm-hmmm. Very good. Well, I want to thank you very much for coming over this morning, Donna. And do you...do you have anything else you'd like to add?

**DD:** I don't believe so, Margaret.

MR: Okay.

**DD:** It's been fun. I enjoyed it.

**MR:** Well, it's been exciting for me to hear all that you have done with this agency, because it is such a valuable one for the community. And I congratulate you on your very hard work [chuckles] and all that you have given to that.

DD: Thank you.

MR: Okay.

[End of interview]

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